

PERIODICALS ACCURACY GRADING AND EVALUATION USER'S APPLICATION



To avoid delays in processing, complete this form in its entirety.

Current Software Used:			Current Version Number:		
Program Contact:					
Company Name:					
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #				Apt/Suite #	
City			State		ZIP+4 Code
Phone Number		Fax Number		Email Address:	
Type of Company: <input type="checkbox"/> Publisher <input type="checkbox"/> Printer <input type="checkbox"/> Other: _____					
Your Company's RCSC Contact:					
Your Post Office of Entry:					
Address of Entry Post Office:				Area Code & Phone Number:	

	Quantity	Price	Purchase Amount
1 Examination Package. – Includes exam for each participant.	<div><div>1</div><div></div></div>	X \$25.00 =	<div>\$</div> <div>A</div>
2 PAGE Reference Kit. – Includes PAGE CD (with glossary, Customer Support Rulings and DMM references) and Postal Explorer CD.	<div><div>2</div><div></div></div>	X \$ 20.00 = (qty less than 20)	<div>\$</div> <div>B</div>
		X \$ 15.00 = (qty 20 or more)	
Multiply the quantities in blocks 1 and 2 by the prices shown and enter the purchase amounts. Add blocks A and B to calculate the total. Then complete the billing information below.			<div>\$</div> <div>Total</div>

PAYMENT METHOD	
Make check or money order payable to "United States Postal Service."	
<input type="checkbox"/> Tax ID #	<div></div>
<input type="checkbox"/> Purchase Order #	<div></div>
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<input type="checkbox"/> Express Mail	<div></div>
Corporate Acct. #	<div></div>
Credit Card #	<div></div>
Card expiration date: ____ / ____	
Authorized Personnel (please print)	
Signature	
The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.	

Send check & order form to:
ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001

Bill To:
Complete only if shipping address is different than mailing address.
Attention
Company
Address
City, State, ZIP+4
For USPS Use Only
Control Number:
Check Number:

[illegible]